

CLAIMS ONLY

Application Number

10752095

Filing Date

Applicant(s)

6-25-84

2-21-86

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			
1							51	/	
2							52	/	
3							53	/	
4							54		
5							55	/	
6							56	/	
7							57	/	
8							58	/	
9							59	/	
10							60	/	
11							61	/	
12							62	/	
13							63	/	
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24	/		/				74		
25		/		/			75		
26		/		/			76		
27		/					77		
28		/		/			78		
29		/					79		
30		/		/			80		
31		/		/			81		
32		/					82		
33		/		/			83		
34		/					84		
35		/		/			85		
36		/					86		
37		/		/			87		
38		/					88		
39		/		/			89		
40		/					90		
41		/					91		
42		/					92		
43	/		/				93		
44		/		/			94		
45		/					95		
46		/		/			96		
47		/					97		
48		/					98		
49		/					99		
50		/					100		
Total Indep	2		2				Total Indep		
Total Depend	39	39	39				Total Depend		
Total Claims	40	40					Total Claims		